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PTO/SB/21 (08-03)

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## TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

Total Number of Pages in This Submission

17

Application Number	09/737,407
Filing Date	12/15/2000
First Named Inventor	Benedict G. Pace
Art Unit	2822
Examiner Name	Maria Guerrero

Attorney Docket Number

NH-07a

### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): post card
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	John F. McCormack
Signature	
Date	December 18, 2003

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	John F. McCormack
Signature	
Date	December 18, 2003

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# FEE TRANSMITTAL

## for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 55)

Complete if Known	
Application Number	09/737,407
Filing Date	12/15/2000
First Named Inventor	Benedict G Pace
Examiner Name	Maria Guerrero
Art Unit	2822
Attorney Docket No.	NH-07a

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money Order  Other  None
 Deposit Account:

Deposit Account Number	_____
Deposit Account Name	_____

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	_____
1002 340	2002 170	Design filing fee	_____
1003 530	2003 265	Plant filing fee	_____
1004 770	2004 385	Reissue filing fee	_____
1005 160	2005 80	Provisional filing fee	_____

SUBTOTAL (1) (\$)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
_____	_____	_____	-20** =	_____ X _____ =	_____
_____	_____	_____	-3** =	_____ X _____ =	_____
_____	_____	_____	_____	_____ =	_____

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

\*\*or number previously paid, if greater. For Reissues, see above

## 3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	_____
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	_____
1053 130	1053 130	Non-English specification	_____
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	_____
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	_____
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	_____
1251 110	2251 55	Extension for reply within first month	55
1252 420	2252 210	Extension for reply within second month	_____
1253 950	2253 475	Extension for reply within third month	_____
1254 1,480	2254 740	Extension for reply within fourth month	_____
1255 2,010	2255 1,005	Extension for reply within fifth month	_____
1401 330	2401 165	Notice of Appeal	_____
1402 330	2402 165	Filing a brief in support of an appeal	_____
1403 290	2403 145	Request for oral hearing	_____
1451 1,510	1451 1,510	Petition to institute a public use proceeding	_____
1452 110	2452 55	Petition to revive - unavoidable	_____
1453 1,330	2453 665	Petition to revive - unintentional	_____
1501 1,330	2501 665	Utility issue fee (or reissue)	_____
1502 480	2502 240	Design issue fee	_____
1503 640	2503 320	Plant issue fee	_____
1460 130	1460 130	Petitions to the Commissioner	_____
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	_____
1806 180	1806 180	Submission of Information Disclosure Stmt	_____
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	_____
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	_____
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	_____
1801 770	2801 385	Request for Continued Examination (RCE)	_____
1802 900	1802 900	Request for expedited examination of a design application	_____

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 55)

(Complete if applicable)

SUBMITTED BY			
Name (Print/Type)	John F. McCormack	Registration No. (Attorney/Agent)	30,474
Signature	John F. McCormack	Telephone	516 621 7830

Date December 18, 2003

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